

Benefits for Roanoke Valley Consortium

Group Number: 6009

Effective Date: January 1, 2007

This sheet provides a brief description of important features of the Delta Dental Premier dental program. Under this program, you may use any dentist you wish. However, your out-of-pocket costs may be lower when you select a dentist who participates in the Delta Dental Premier network.

Plan Benefit Design	Plan Design	General Plan Information
Annual Deductible	\$25	Limit of 3 per family per calendar year
Annual Benefit Maximum	\$1500	Per enrollee, per calendar year

Covered Benefits and Co-Insurance

(Delta Dental will pay the stated percentage of the plan allowance based on the dentist's participation with Delta Dental.)

Coverage	Co-Insurance*	Benefit Limitations	Benefit Waiting Period
Diagnostic and Preventive Care	100%	<i>(These services are exempt from the deductible)</i>	None
<ul style="list-style-type: none"> – Oral exams and cleanings – Fluoride applications – Bitewing x-rays – Full mouth/panelpipse x-rays – Space maintainers 		<p>Twice each in a 12 consecutive month period.</p> <p>Once each 12 consecutive month period for dependents under the age of 19.</p> <p>Once each 12 consecutive month period, limited to a maximum of 4 films in one visit.</p> <p>Limit of one each three years.</p> <p>For dependents under the age of 14.</p>	
Basic Dental Care	80%	<i>(Deductible Applies)</i>	None
<ul style="list-style-type: none"> – Amalgam (silver) and composite (white) fillings – Stainless steel crowns – Oral Surgery – Denture repair and recementation of crowns, bridges and dentures – Sealants – Endodontic services/root canal therapy – Periodontic services (scaling and root planing, soft tissue and bony surgery, including grafts) 		<p>Retreatment only after 2 years from initial treatment.</p> <p>Composite (white) fillings are limited to upper and lower 6 front teeth.</p> <p>Limited to primary (baby) teeth for participants under age 14.</p> <p>Simple extractions, impactions, and other surgical procedures.</p> <p>Cost limited to ½ the cost of a new denture or prosthesis.</p> <p>Only for non-carious, non restored 1st and 2nd permanent molars for dependents under age 16, one application per tooth.</p> <p>Repeat treatment only after 2 years from initial root canal therapy treatment</p> <p>Limitation of 2-3 years apply based on services rendered. Periodontal cleaning is considered a regular cleaning and is subject to the benefit limits for regular cleanings.</p>	
Major Dental Care	50%	<i>(Deductible Applies)</i>	None
<ul style="list-style-type: none"> – Prosthodontics/dentures/ bridges 		Once every 5 years, and only when an existing prosthesis cannot be rendered serviceable. Fixed bridges or removable partials are not benefits for Dependents under age 16.	

Major Dental Care benefits continued on following page.

Covered Benefits and Co-Insurance

(Delta Dental will pay the stated percentage of the plan allowance based on the dentist's participation with Delta Dental.)

<u>Coverage</u>	<u>Co-Insurance*</u>	<u>Benefit Limitations</u>	<u>Benefit Waiting Period</u>
– Crowns		<p>Once per tooth every 5 years, and only when an existing crown cannot be rendered serviceable. Benefit available only when tooth is damaged by decay or fractured to the point it cannot be restored by an amalgam or composite restoration.</p> <p>Crowns for dependents under the age of 12 are not covered.</p> <p>Temporary prosthetic devices are not a separate benefit. Any charge for these devices is included in the fee for the permanent device.</p>	

*Please refer to Choosing a Dentist.

COVERAGE IS AVAILABLE FOR

- Enrollee and spouse
- Dependent children, only to the end of the Calendar Year they reach age 19 (the "limiting age").
- Full-time students, only to the end of the Calendar Year they reach age 25 (the "limiting age"). (To qualify as a full-time student, the dependent must be attending a recognized secondary school, trade school, college or university on a full-time basis.)

USING YOUR DELTA DENTAL PREMIER PROGRAM

To use the program, just call the dental office of your choice and make an appointment. Delta Dental Premier dentist offices will have claim forms in the office and will complete and submit the form to Delta Dental of Virginia (Delta Dental). A complete list of Delta Dental Premier dentists is included on our web site at www.deltadentalva.com or can be obtained by calling **1-800-237-6060**.

The Delta Dental Premier program allows you to:

- change dentists at any time without pre-approval
- go to a specialist without pre-approval

During your first appointment, provide your dentist with the following information:

- the subscriber's identification number
- inform the dentist that your program is through Delta Dental of Virginia

CHOOSING A DENTIST

You may select the Dentist of your choice. However, you will receive the highest level of benefits available in your group's program by choosing a Delta Dental Premier Dentist. In addition, your out-of-pocket costs will usually be lower if you use a participating dentist. If you choose a:

Delta Dental Premier Dentist	Non-Participating Dentist
<ul style="list-style-type: none"> • Payment will be made directly to the dentist. • Delta Dental's payment will be based on the Delta Dental Premier Allowance for covered benefits. • The dentist will accept Delta Dental's payment, plus any required co-insurance and deductible (if applicable) as payment in full for covered benefits. 	<ul style="list-style-type: none"> • Payment will be made directly to you (unless Virginia law requires otherwise). • Delta Dental's payment will be based on the Non-Participating Dentist Allowance for covered benefits. • You will be responsible for any required co-insurance and deductible (if applicable) as well as the difference between the non-participating dentist's charge and Delta Dental's payment for covered benefits. • The amount you would owe a non-participating dentist may be higher than the amount you would owe a Delta Dental Premier Dentist for the same covered benefits.

EXCLUSIONS

Delta Dental will not, under any circumstances, cover any of the following:

- Services or supplies that are not dental services; also services not specifically listed as covered in the plan documents or on Delta Dental's covered procedure code list for your group's program.
- Services or treatment provided by someone other than a dentist or a qualified dental hygienist working under the supervision of a dentist.
- Services or treatment provided by a non-participating dentist that would not be covered if provided by a participating Delta Dental Premier dentist.
- A dental service that Delta Dental, in its sole discretion (subject to any and all internal and external appeals available to an enrollee), determines is not necessary or customary for the diagnosis or treatment of your condition. In making this determination, Delta Dental will take into account generally accepted dental practice standards in the area in which the dental service is provided. In addition, an enrollee must have a valid need for each covered benefit. A "valid need" is determined in accordance with generally accepted standards of dentistry.
- Dental services for injuries or conditions that may be covered under workers compensation or similar employer liability laws; also benefits or services that are available under any federal or state government program (subject to the rules and regulations of those programs) or from any charitable foundation or similar entity.
- Dental services for the diagnosis or treatment for illnesses, injuries or other conditions for which you are eligible for coverage under your hospital, medical/surgical, or major medical plan.
- Except as otherwise provided in the plan documents, dental services started or rendered before the member's enrollment date. Also, except as otherwise provided in the plan documents, benefits for a course of treatment that began before the member's enrollment date.
- Except as otherwise provided in the plan documents, dental services provided after the date that the individual is no longer enrolled or eligible for coverage under the plan documents.
- Prescription and non-prescription drugs; pre-medications; preventive control programs, oral hygiene instructions, and relative analgesia.
- General anesthesia when less than three (3) teeth will be extracted during the same office visit.
- Splinting or devices used to support, protect, or immobilize oral structures that have loosened or been reimplanted, fractured or traumatized.
- Charges for inpatient or outpatient hospital services; any additional fee that the dentist may charge for treating a patient in a hospital, nursing home or similar facility.
- Charges to complete a claim form, copy records, or respond to Delta Dental's requests for information; charges for failure to keep a scheduled appointment.
- Charges for telephone consultations or consultations by other electronic means.
- Dental services excluded by rules and regulations adopted by Delta Dental's Board of Directors, including Delta Dental's standard processing policies.
- Dental services to the extent that benefits are provided or would have been provided if the enrollee had enrolled, applied for, or maintained eligibility under Title XVIII of the Social Security Act (Medicare), including any amendments or other changes to that Act.
- Complimentary services or dental services for which the enrollee would not be obligated to pay in the absence of the coverage under the plan documents or any similar coverage.
- Services or treatment provided to an immediate family member by the treating dentist. This would include a dentist's parent, spouse or child.
- Dental services and supplies for the replacement device or repeat treatment of lost, misplaced or stolen prosthetic devices including space maintainers, bridges and dentures (among other devices) unless the device and/or treatment is listed as covered in the plan documents.
- Dental services or other services that Delta Dental determines are for the purpose of correcting congenital malformations; also, cosmetic surgery or dentistry for cosmetic purposes.

- Unless otherwise provided in the plan documents, we will not cover experimental or investigative dental procedures, services, supplies as well as services and/or procedures due to complications thereof. Experimental or investigative procedures, services or supplies are those which, in the judgment of the Delta Dental: (a) are in a trial stage; (b) are not in accordance with generally accepted standards of dental practice, or (c) have not yet been shown to be consistently effective for the diagnosis or treatment of the enrollee's condition.
- Dental services for increasing vertical dimension, restoring occlusion, replacing tooth structure lost by attrition, correcting developmental malformations or for esthetic purposes.
- Dental services, procedures and supplies that are needed as a result of an enrollee's harmful habits. An example of a harmful habit includes grinding of the teeth.
- Services billed under multiple dental service procedure codes that Delta Dental, in its sole discretion (subject to any and all internal and external appeals available to an enrollee), determines should have been billed under a single, more comprehensive dental service procedure code. Delta Dental's payment is based on the allowance for the more comprehensive code, not on the allowances for the underlying component codes.
- Services billed under a dental service procedure code that Delta Dental, in its sole discretion (subject to any and all internal and external appeals available to an enrollee), determines should have been billed under a code that more accurately describes the dental service. Delta Dental's payment is based on its determination of the more accurate dental service code.
- Dental services that are not for the treatment of natural teeth or supporting structure.
- Supplies and services relating to vertical bitewings.
- Use of dental implants or implantology techniques. Placing or removing implants and services associated with implants including, without limitation, cleaning or periodontal treatment.
- Therapy and appliances to correct temporomandibular joint (TMJ) syndromes, problems and/or occlusal disharmony (including occlusal equilibration).
- Amounts that exceed the plan allowances for covered benefits.

The preceding information is offered as a brief description of the Delta Dental Premier program and what Delta Dental pays for services covered under the program. It is not intended for use as a summary plan description nor is it designed to serve as an *Evidence of Coverage* for the program. This Delta Dental Premier program is administered by Delta Dental of Virginia. If you have specific questions regarding benefit structure, limitations or exclusions, consult the *plan document* or call Delta Dental's Benefit Services Department at 800-237-6060.

Delta Dental of Virginia Mission Statement

"It is the mission of the Delta Dental of Virginia to advance the public's oral health by becoming the market leader in quality dental benefits through innovatively designed dental plans and by assuring superior service to all customers at an affordable cost."



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